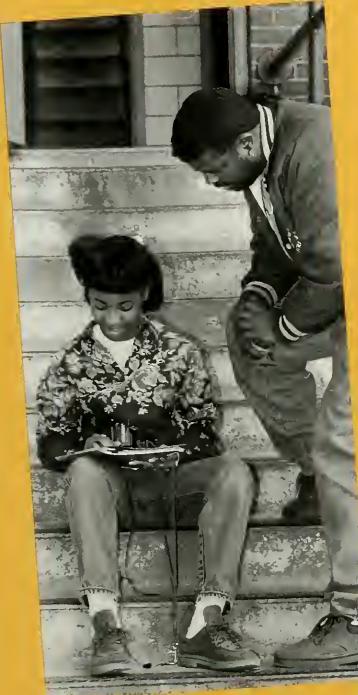


Caring for Children and Families *in the Community*



Children's Hospital
Community Services
Report 1995-96



Children's Hospital



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Caring for Children and Families in the Community



David S. Weiner, left,
and George H. Kidder

In 1869, the people of Boston put their faith in a fledgling venture called The Children's Hospital. Since its founding as one of the nation's first hospitals dedicated to the health and well-being of children, Children's has remained committed to its original mission: to serve the children and families of Boston, in sickness and in health. To be sure, Children's has changed over the last 127 years. Once a 20-bed hospital in Boston's South End, it has grown into a 325-bed medical center, home to a world renowned research center and noted as one of the top training centers for the care givers of tomorrow's children. Today, Children's continues to grow as we build an integrated system of care, from primary and preventive care to hospital and home care services—many based in our city's neighborhoods and surrounding communities. Throughout this time of change, Children's has remained accessible to any child, near or far, in need of help.

As Children's vision of a broader care delivery system grows, the hospital has not lost sight of the community where it began and its surrounding urban neighbors. We celebrate the 30th anniversary this year of Martha Eliot Health Center in Jamaica Plain, Children's community resource that offers family-centered primary and specialty care, as well as outreach efforts related to prenatal care, immunizations, substance abuse, and HIV/AIDS. This year, Children's and

Boston City Hospital (BCH) have merged their pediatric residency programs and are collaborating on the development of an urban system of pediatric care.

Today, more than ever, Children's is a resource and a leader in caring for Boston's children in the face of social stresses that weigh on urban families and challenge the overall health of children. From its programs devoted to preventing

HIV/AIDS, lead poisoning, infant mortality, and teen pregnancy to its advocacy services for victims of domestic violence, there are many ways in which Children's provides preventive education that raises the general standards of health for Boston's children.

In 1994, Children's formalized its commitment to the health needs of the local community with the inauguration of the Community Benefits Program. This report highlights the hospital's efforts, both old and new, to help improve the health of children and to support the well-being of families. It is our hope and the hope of the many Children's staff on Longwood Avenue, in the neighborhood health centers, and in the community that these efforts can bring about a better quality of life for our city's children.

DAVID S. WEINER, President and Chief Executive Officer

GEORGE H. KIDDER, Chairman of the Board of Trustees

A Partnership with the Community

C

hildren's has had a long and distinguished history of commitment to the children of Boston throughout its 127 years of service, demonstrated in the many primary care, outreach, and advocacy programs developed here that serve as models for programs across the country. But by 1994, it became clear that declining government support for the growing public health and social needs of the city's children called for a greater commitment from Children's Hospital.

From the Board of Trustees' reaffirmation of Children's commitment to the community emerged a ground swell of support for a Community Benefits Program that had already begun the enormous task of surveying internal and external hospital and health center programs that provide essential, high-quality services and that could be a focus of Children's efforts. Input from the community itself was essential to the process, and in 1995 the Community Benefits Advisory Board, comprised of staff from Children's, Martha Eliot Health Center, the hospital's Board of Overseers, community representatives, and community residents, was established. The advisory board's charge was to develop a process to augment, support, and in concert with the community, develop community health initiatives. The target community for this initiative was defined as children and adolescents living in poverty in the city of Boston.

The first step of the Community Benefits Program was to perform an assessment of the health status and needs of Boston's children and youth. The needs assessment revealed numerous areas in need of intervention, including three critical areas where Children's efforts could have the most impact: 1) injury prevention; 2) violence prevention and youth development; and 3) prevention of substance abuse and HIV/AIDS. Three subcommittees of the advisory board were formed to develop strategies in partnership with community-based organizations to address these issues. Their work is the Community Partnership Program.

Deborah C. Jackson, left,
and Carolyn J. Singleton



This report describes the Community Partnership Program and the many community health initiatives that have provided a foundation and a framework on which to build it. In partnering with community organizations and with the commitment and guidance of the Community Partnership Advisory Board, this initiative takes on a central role in Children's mission to improve the health of children.

DEBORAH C. JACKSON, Vice-President for Network Development
and Community Services

CAROLYN J. SINGLETON, Director of Community Benefits

The Status of Children Today

- Every 32 seconds a baby is born into poverty in the U.S.
- More than 25 percent of Boston's children live in poverty. In some Boston neighborhoods, nearly 50 percent of children live in poverty. Poverty affects children of all races and ethnic groups but disproportionately affects black and Latino children.
- Children and adolescents from low-income families in Boston are nearly twice as likely to die as a result of homicide as children and adolescents from middle- or high-income families.
- Homicide is the twelfth leading cause of death in the U.S., the second leading cause of death for adolescents, and the leading cause of death for black males and females 15 to 34 years old.
- Every 2 hours a child is killed by a firearm in the U.S.
- Every 4 hours a child commits suicide in the U.S.
- Every 10 seconds a child is reported abused or neglected in the U.S. Every 5 hours a child dies from abuse or neglect.
- Nationally, injuries are the leading cause of death and disability for children. There are more than 7,000 injury-related child deaths in the U.S. every year, and more than 30,000 children are permanently disabled due to injuries. Some of the leading causes of unintentional injuries to children are motor vehicle accidents, bicycle-related injuries, and falls from unsecured windows.
- Nationally, blacks are 5 to 15 times more likely than whites to have a child infected with HIV. HIV-infected children in Massachusetts are disproportionately children of color.
- In Massachusetts, 2 out of 1,000 live births in 1994 were to HIV-positive mothers.

The mission of the Community Partnership Program is to work in partnership with the community to devise and implement initiatives that protect and improve the health of children and adolescents while supporting and strengthening the well-being of families and communities.

New Partnerships for Prevention

The three target areas that the Community Partnership Program has identified as priorities this year are injury prevention, violence prevention and youth development, and prevention of substance abuse and HIV/AIDS. Guided by the Community Partnership Advisory Board subcommittees, Children's is working hand-in-hand with the community to address conditions that lead to these and other problems.

Injury Prevention
Subcommittee Co-Chairs
Joseph M. Carrillo, M.D.,
executive director of
Martha Eliot Health
Center, and Joan
Westbrook, Children's
community health liaison
for Healthy Connections



“Educating people about injury prevention is where it all starts... Most families don't know they may be contributing to an unsafe environment for their children.”

JOAN WESTBROOK
Children's community health liaison for Healthy Connections

Injury prevention

Injuries are the leading cause of death and disability for children. The most frequent causes of unintentional injury include motor vehicle accidents, accidental shootings, falls, poisoning, burns, drowning, choking, and suffocation. These are facts that can be changed. Many of these injuries can be prevented.

In 1993, Children's participated in a citywide initiative to install window guards on upper-story windows in the homes of children under 6 in Boston neighborhoods. In collaboration with the Boston Childhood Injury Prevention Program (CIPP), Boston Housing Authority (BHA), and two Healthy Boston Coalitions, the Kids Can't Fly Program installed window guards and

distributed educational materials to families, an effort which dramatically reduced children's falls from windows. In 1994 and 1995, there was an 83 percent decrease in the number of children hospitalized with injuries and no reported fatalities as a result of window falls.

Building on the success of this collaboration, the Community Partnership Program's Injury Prevention Subcommittee has brought together representatives from a diverse set of organizations with a common concern and objective – the reduction of childhood injuries. Subcommittee members include representatives from Bromley-Heath Tenant Management Corporation (TMC), Project Life, CIPP, and South Cove YMCA. The initial injury prevention initiative is a car seat program. The goal of this program is to reduce the number of injuries to children due to lack of child passenger restraints. The program strategy is to:

- work with community partners in the development and implementation of this initiative;
- educate families on the importance of car seats, safety devices, and their proper use through the use of culturally relevant education materials and outreach efforts;
- increase accessibility of infant and toddler car seats to families in need; and
- develop measures to evaluate the effectiveness of the program.

"Educating people about injury prevention is where it all starts," says Joan Westbrook, Children's community health liaison for Healthy Connections (see page 8) and subcommittee co-chair with Joseph M. Carrillo, M.D., executive director of Martha Eliot Health Center. "Most families don't know they may be contributing to an unsafe environment for their children. For example, auto safety involves more than owning a car seat; it requires using the seat properly. And parents who don't own a car still should have a car seat on hand to use when their child rides in other vehicles. We're collaborating with community groups to offer workshops on ways to prevent a wide range of injuries. This is an area where we can really make a difference."

Westbrook has already begun the task of coordinating the training of staff who will serve as health advocates in housing developments. These mothers and grandmothers will be the key to spreading the word on a variety of health-related topics at conveniently located health stations in the housing developments.

Substance abuse and HIV/AIDS prevention

The Substance Abuse and HIV/AIDS Prevention Subcommittee is working to develop initiatives that may help prevent problems that affect an increasing number of children and families. In conjunction with community agencies, community centers, and neighborhood health centers, the subcommittee will utilize existing primary intervention models in its efforts to prevent substance abuse, a leading cause of the transmission of HIV, among women of childbearing age.

A pool of community agencies has



Substance Abuse and HIV/AIDS Prevention Subcommittee
Co-Chairs Julia Djeda, executive director of Sociedad Latina, Inc. and Durrell Fox, Children's outreach and service coordinator for Boston HAPPENS

been selected as potential respondents to a telephone survey about the types of substance abuse intervention services and support groups available to children and adolescents in the community. The purpose of the survey is to gather data on gaps in services in substance abuse prevention and intervention initiatives. This year, the subcommittee will focus its efforts on preventing substance abuse, predicated on the belief that a correlative decrease in the incidence of HIV/AIDS in the community will follow.

Julia Ojeda, executive director of Sociedad Latina, Inc., who co-chairs the subcommittee with Durrell Fox, Children's outreach coordinator for Boston HAPPENS (see page 11), says, "Our committee is helping Children's work with diverse groups in the community to increase primary prevention in a culturally competent way. Historically, health care providers have tended to look at problems and want to fix them; our subcommittee is working with Children's and other providers to shift their focus toward prevention."

Violence prevention and youth development

More children and families are affected by violence today than ever before, and Children's believes responding to their needs is a priority. According to Alissa Robinson, a Mission Hill resident and co-chair of the Violence Prevention

"...Historically, health care providers have tended to look at problems and want to fix them; our subcommittee is working with Children's and other providers to shift their focus toward prevention."

JULIA OJEDA
executive director of
Sociedad Latina, Inc.

Ronald B. White, M.D., M.Div.,
medical consultant to Project
New Life-Bromley-Heath, left,
and Adam Rice, L.I.C.S.W., director



Project New Life-Bromley-Heath is a community-based, day treatment program for substance abusers in Bromley-Heath, the public housing complex where Martha Eliot Health Center is located. The project was founded in 1994 by Martha Eliot in partnership with the Bromley-Heath Tenant

Management Corporation to provide medical, psychological, and social services to abusers of alcohol and/or drugs. Project New Life services are available to all Bromley-Heath residents, with a special effort made to enroll pregnant and/or adolescent substance abusers.

and Youth Development Subcommittee, the subcommittee's first challenge was to come up with a definition of violence. "Domestic violence and gang violence are obvious, but we wanted to include more subtle forms of violence that are equally harmful, such as violence that occurs on a date," says Robinson. "We held a focus group with members of the community to look at the programs already in place and we're making rec-

ommendations about where Children's can contribute."

The first step in the process of ascertaining where Children's support would be most beneficial was to identify the needs in the community. The subcommittee determined that a focus group would provide the most informative forum for analyzing this complex issue. Subcommittee Co-Chair Robert Lewis Jr. hosted the session at City Year Boston, where he serves as executive director.

"We held a focus group with members of the community to look at the programs already in place and we're making recommendations about where Children's can contribute."

ALISSA ROBINSON
Mission Hill resident

The focus group brought together more than 40 community participants, including representatives from the Boston Police Department, Teens Against Gang Violence, Fenway Community Development Corporation, Sociedad Latina, Inc., Roxbury Comprehensive Health Center, Bromley-Heath Tenant Management Corporation, Youth Only AIDS Line, the Urban League, Mission Hill Community Centers, and other organizations and individuals.

The focus group was conducted as a community mapping exercise designed to identify community assets and gaps in



Violence Prevention and Youth Development Subcommittee
Co-Chairs Robert Lewis Jr., executive director of City Year Boston, and Alissa Robinson, Mission Hill resident



Harold Sparrow, executive director of the Roxbury YMCA, facilitates a group discussion at a violence prevention focus group with the assistance of Julia Ojeda.

violence prevention services. Overall, it was perceived that the most valuable community assets are the existing community organizations, churches, health and medical services, and youth programs delivering services and providing support to children and families. The need for increased coordination, collaboration, and communication among programs and organizations, and for an increase in information and education provided to the community emerged as gaps requiring urgent attention. In addition, there was a recognized need for more programs to support youth during the "latch-key" hours. This community map will now serve as the basis for the next phase of the subcommittee's efforts: the development of initiatives that maximize existing assets to fill the critical gaps.

Violence occurs in the home as well as on the streets, and through a number of initiatives at Children's, the issue of domestic violence prevention has gained substantial support and attention. Most recently, Children's President and Chief

Executive Officer David S. Weiner chaired the Domestic Violence Task Force of the Conference of Boston Teaching Hospitals (COBTH) (see page 14). The Violence Prevention and Youth Development Subcommittee will link its efforts with the COBTH task force and other ongoing programs at the hospital to combat this escalating problem.

The Community Partnership Program currently supports a collaboration between Boston Latin School and Children's in which staff psychologists work with faculty, students, and parents in a suicide prevention program at the high school.



Ten-year-old Addis Parris, right, notes the importance of the three Cs, "cooperation, coordination, and collaboration," at a violence prevention focus group held at City Year Boston. She is pictured with her mother, Carol Brayboy.

Caring for Children and Families Today

Children's has a wide range of long-established programs dedicated to improving the health and well-being of the children in its surrounding neighborhoods and throughout the city of Boston. In 1996, the hospital will provide primary care and coordination of specialty care to more than 35,000 children through Pediatric Health Associates, a new service created by the merger of CCHP (Comprehensive Child Health Program) and PGA (Pediatric Group Associates), and through the Growth and Nutrition, Lead and Toxicology, and Young Parents programs. As economic and social conditions have changed over the last decades, community outreach efforts, school-based programs, and social service supports have been established to address the needs of underserved children and families. And in the ongoing health care debate, Children's is a strong and unwavering voice in support of access to health care for all children.

Martha Eliot Health Center: Thirty years of serving families

Martha Eliot Health Center, a community health center operated by Children's Hospital, has been a cornerstone of Children's community programs for 30 years. Located in the Bromley-Heath housing development, Martha Eliot offers comprehensive, family-centered primary health care and some specialty services for children, adolescents, and adults. The center also provides a wide range of outreach services including early prenatal and well-baby care; substance abuse prevention and treatment; HIV education, counseling, and testing; and medical care for people with HIV/AIDS. More than 48,000 patient visits are recorded annually.

This year, Martha Eliot opens the doors to its new state-of-the-art facility. The center, designed to meet the growing health and social needs of the residents of Bromley-Heath, Jamaica Plain, and Roxbury, offers larger clinical areas, a separate adolescent clinic, and adjacent pediatric and maternal health clinical areas. It also includes space for a WIC (Women, Infants, and Children) office, making it easier for families to enroll and

receive WIC nutrition support services. According to Mildred Hailey, executive director of the Bromley-Health Tenant Management Corporation (TMC) and vice-chair of Martha Eliot's Community Advisory Board, the new health center and the new Stop & Shop supermarket opening next door represent a real turnaround for the Bromley-Heath area. "Children's is making a significant investment in this neighborhood and its people," says Hailey. "The collaboration between the city, Children's, Stop & Shop, and TMC has been a very positive force for this neighborhood. This is a giant step toward improving the quality of life in Bromley-Heath."

Healthy Connections: Giving infants a healthy start

A collaborative initiative of Children's, Beth Israel, and Brigham and Women's hospitals, Healthy Connections was developed to improve infant health and well-being in Boston neighborhoods that have high rates of infant mortality. Launched in 1992, Healthy Connections serves mothers who deliver their babies at Beth Israel or Brigham and Women's and receive pediatric care at Children's or

Mildred Hailey, executive director of the Bromley-Heath Tenant Management Corporation, and Joseph M. Carrillo, M.D.





The new Martha Eliot
Health Center

at Martha Eliot. A team comprised of a physician, nurses, a social worker, and a community health liaison coordinates the transition from the hospital to home and to appropriate support services during the child's first year. The program offers education in newborn care, facilitates access to pediatric primary care clinics, and makes referrals to community services.

Healthy Connections has had a dramatic impact on the likelihood that infants will receive critically important early primary care. From the program's inception in February 1992 through March 1994, mothers who enrolled in Healthy Connections had a 44 percent

higher incidence of keeping appointments with primary care providers and a 75 percent lower incidence of visits to the emergency room than unenrolled mothers who also delivered at Beth Israel or Brigham and Women's and signed up for their child's primary care at Children's or Martha Eliot. In this time period, Healthy Connections also improved child immunization rates significantly, achieving a 29 percent increase in the number of infants receiving the recommended six-month immunizations.

"The collaboration between the city, Children's, Stop & Shop, and TMC has been a very positive force for this neighborhood. This is a giant step toward improving the quality of life in Bromley-Heath."

Mildred Hailey
executive director of the
Bromley-Health Tenant
Management Corporation (TMC)

OUTREACH IN THE COMMUNITY

Rita Merola, left, her son, Assante, 2, and Gretchen Finchum, speech and language pathologist in the Community Early Intervention Program



Early Intervention: Helping families in the community

Children's Community Early Intervention Program, a collaboration that began in 1994 between Children's and the Mission Hill community, is the hospital's first off-campus early intervention program. Working in Roxbury's Mission Hill, a team of psychologists, social workers, and developmental experts offer family-focused services and support to children from birth to 3 years of age. The program offers support to families who may be coping not only with medical conditions and developmental problems, but with the challenges of single parenthood, housing difficulties, and poverty.

Members of the Mission Hill Community Board played an integral

part in establishing the program, which also serves to strengthen the relationship between Children's and its neighbors. "We are not just caring for the child, we are caring for the whole family, and bit by bit, the community," says program director Caren Plank.

Outreach Efforts: Meeting teens on their own turf

A pioneer in recognizing that adolescents are a population with special needs, Children's Hospital opened the first adolescent unit in the country in 1951. "Today, Children's is helping to meet the needs of teenagers on many fronts," says S. Jean Emans, M.D., co-chief of the Division of Adolescent/Young Adult Medicine, "both through the hospital's on-site programs and its outreach efforts in the community."

Because many teens are reluctant to trust health care providers and hospitals, staff at

Martha Eliot Health Center focus on offering confidential counseling and support, in addition to health care. "Our adolescent population is overwhelmed by multiple problems that threaten their health, their future, and their survival," says Cathryn L. Samples, M.D., M.P.H., assistant in Medicine (General Pediatrics) and director of Adolescent Services at Martha Eliot.

At Martha Eliot, as well as at the Adolescent/Young Adult Medical Program at Children's, teenagers selected for their leadership abilities work in their communities, encouraging other teens to seek out health care services. Peer lead-

"Today, Children's is helping to meet the needs of teenagers on many fronts, both through the hospital's on-site programs and its outreach efforts in the community."

S. JEAN EMANS, M.D.,
co-chief of the Division of
Adolescent/Young Adult Medicine



Boston HAPPENS peer leaders Samira Rocha, left, Keith Lewis, second from right, and Jessica Piper, far right, with Peter Keenan, B.S.N., R.N.

ership is also a key component of Boston HAPPENS (HIV Adolescent Provider and Peer Education Network for Services), a collaboration of health care and human service agencies that includes Children's.

Since 1994, Boston HAPPENS has been connecting HIV-positive and homeless youth with health care providers. The program provides HIV counseling and testing, primary and specialty care, outreach and service coordination among member agencies, and training of peer leaders for outreach and advocacy. In addition to Children's and Martha Eliot, partners in Boston HAPPENS include Boston City Hospital, New England Medical Center, Roxbury Comprehensive Community Health Center, Dimock Community Health Center, the Justice Resource Institute, and Bridge Over Troubled Waters. Each provider in the group contributes its own expertise, collectively forming a pathway to care for youth who are wary of health care providers. "Boston HAPPENS is the glue among all agencies that facilitates continuity of care," says Elizabeth R. Woods, M.D., M.P.H., assistant in Medicine (Adolescent/Young Adult Medicine) and principal investigator of the program.

In its first year, Boston HAPPENS linked 28 youth who are HIV-positive and 302 who are at risk for HIV to early intervention services, primary care, and inpatient and outpatient services. "Our success is measured not only by the number of referrals, but also by the strength of our connection with teens," says Peter M. Keenan, B.S.N., R.N., staff nurse II in the Adolescent/Young Adult Medical Program and nurse case manager for Boston HAPPENS.



Clifford Reid, center, a youth outreach street worker at Martha Eliot Health Center, says, "I was once where they are — out on the street, into drugs, into crime. There

were some key people who helped me get out of that situation and into the job I have today. I want to be one of those key people for these kids."

Children's participates in a number of other outreach programs for teenagers, including Boston Street Youth Outreach Project (BSYOP), which provides at-risk youth with condoms and information about disease prevention and shelters, along with guidance and a reassuring presence; the Drop-In Center at Arlington Street Church, which offers shelter services, companionship, information about HIV testing, and educational referrals; and the Sidney J. Borum Jr. Health Center, which offers medical care to runaway and homeless teens.

"Our success is measured not only by the number of referrals, but also by the strength of our connection with teens."

PETER M. KEENAN, B.S.N., R.N.
nurse case manager for Boston HAPPENS

SCHOOL COLLABORATIONS

Mission Hill Dental Outreach
Program patients at Children's
Dental Clinic

According to Howard L. Needleman, D.M.D., associate dentist-in-chief, who has been involved in the Mission Hill Dental Outreach Program since its inception: "The dental outreach program has been a very positive experience for the children, the community, and the Department of Dentistry. Besides providing consistent dental care for the students, one of our goals has been to show children that going to the dentist is nothing to be afraid of and to help them develop good dental health practices for the future."



Dental Outreach: Teaching preventive practices

Approximately 160 students a year from Mission Hill participate in one of Children's earliest outreach programs: the Mission Hill Dental Outreach Program, which provides students from the Farragut and Maurice J. Tobin schools in Mission Hill transportation to and a full range of dental services at Children's. The dental program reserves 13 appointments each week for the Mission Hill participants, totaling 550 visits each school year. The program, which began in 1978, also brings Children's staff to the schools to promote good dental care through presentations and workshops.

Project School Care: Getting children to school

A special partnership between Children's and the Boston Public Schools (BPS) is making it possible for children with complex medical needs to attend public school. Since 1986, Project School Care has helped identify educa-



PROVIDING WORK EXPERIENCE, TRAINING, AND COUNSELING

Fenway Collaborative: Offering on-the-job training

Through the Children's Hospital/Fenway Collaborative, high school juniors and seniors interested in health care careers can combine classroom instruction with on-the-job training. Juniors spend a semester at the hospital working part-time in four departments: Clinical Laboratories, Health Information Management, Nutrition and Food Service, and Accounting. Seniors combine classroom instruction with full-time internships. Students who complete the program receive assistance in finding full- or part-time positions at Children's or similar work in another health care setting when they graduate. More

than 70 percent of the students who graduate from the program go on to higher education.

Jacqueline Concepción participated in the Fenway Collaborative before her graduation from Boston's English High School in 1989, and since then has worked as a phlebotomist at Children's. "I thought I wanted to be a nurse when I was in high school," she says, "until I learned through the Fenway Collaborative that there were other careers in health care. My job still gives me contact with children, which I enjoy. There is a lot of satisfaction in being able to draw blood accurately and quickly while putting the child and parent at ease." Concepción has pursued post-secondary study at Newbury College and Northeastern University.

**Jazmin Hernandez
was born with
myelodysplasia.
She uses a wheel-
chair and takes an
oxygen tank with her
to the Josiah Quincy
School every day.
Project School Care's
nurse liaison to the
BPS developed a
health care plan for
Jazmin, in collabora-
tion with her family,
teachers, and other
professionals. The
plan enables Jazmin
to take part in many
of the activities of her
classmates; she even
participates in
swim class.**

Jazmin Hernandez, 5, left,
and Laura Zwerdling, O.T.,
occupational therapist at
the Josiah Quincy School



Jacqueline Concepción, center,
graduate of the Children's
Hospital/Fenway Collaborative

PROTECTING FAMILIES



U.S. Secretary of Health and Human Services Donna Shalala, left, U.S. Representative Joseph P. Kennedy II, and Jennifer Robertson, director of AWAKE

AWAKE: Protecting women and children

In 1986, Children's was the first pediatric hospital in the country to create a program on site that offered battered mothers advocacy and support services traditionally available only in battered women's programs. Based on statistics that show mothers of abused children are often abused themselves, and on the knowledge that children cannot be adequately protected unless their mothers are protected, the AWAKE (Advocacy for Women and Kids in Emergencies) Program has become a model for hospitals across the country.

When AWAKE advocates receive referrals from within the hospital or an outside agency, they first devise a safety plan to protect mother and child from further abuse by helping to arrange shelter or working with officials to obtain restraining orders. The program offers counseling, a weekly support group for battered women as well as one for children who have witnessed or experienced domestic violence, court escorts, and referrals for additional services. In collaboration with Martha Eliot Health Center, AWAKE also offers a support group for women who are both substance abusers and victims of domestic violence.

COBTH: Developing a collaborative response to violence

In 1995 and 1996, Children's participated in a multidisciplinary task force of representatives from the Boston teaching hospitals to develop a collaborative response to the growing problem of domestic violence. David S. Weiner, Children's president and chief executive officer, served as chair of the task force. The COBTH (Conference of Boston Teaching Hospitals) Domestic Violence Task Force issued a plan of action for

The COBTH (Conference of Boston Teaching Hospitals) Domestic Violence Task Force issued a plan of action for increasing awareness among hospital staff and the larger community of the growing epidemic of domestic violence and for enhancing the capacity of teaching hospitals and their staffs to identify, treat, and refer victims.

increasing awareness among hospital staff and the larger community of the growing epidemic of domestic violence and for enhancing the capacity of teaching hospitals and their staffs to identify, treat, and refer victims. Each of the participating hospitals is establishing a team to put in place the recommendations, which include starting an education campaign for employees and patients, training staff who work directly with patients, and developing partnerships with shelters, community organizations, and government agencies concerned with domestic violence. "Children's sponsors a number of programs and services that respond to domestic violence and, with the recommendation of the task force, we will develop our capacity to coordinate services with other providers and local agencies and build upon our violence prevention and intervention efforts," says Weiner.

Children's Advocacy Center: Aiding children touched by violence

Children's has offered both professional and financial support to the establishment of the Children's Advocacy Center (CAC) of Suffolk County. The CAC is a collaborative child protection service designed to provide multidisciplinary support to children who are victims of abuse or witnesses to violence. Children suspected of being abused, and particularly those who have been sexually abused, often undergo repeated, stressful interviews with staff, including police officers, district attorneys, physicians, and Massachusetts Department of Social Services staff, from the numerous agencies involved in investigating and prose-

cuting cases of abuse and violence. The center, scheduled to open in January 1997, will provide immediate, effective, and coordinated interventions for victims and their families in one location. The CAC will also serve as a leader in public education, offering training to professionals who interact with victims of violence. Says Ralph C. Martin II, Suffolk County District Attorney and a member of Children's Board of Trustees: "Children's was an invaluable resource to the District Attorney's Office in making the investigation and evaluation of abused children as sensitive and humane as possible. The hospital's experience in and commitment to child protection made it a natural partner for this project."

The CAC will also serve as a leader in public education, offering training to professionals who interact with victims of violence.



David S. Weiner, Children's president and chief executive officer, left, with Suffolk County District Attorney Ralph C. Martin II

PARTNERSHIPS WITH COMMUNITY HEALTH CENTERS

Children's is strengthening ties with the city's neighborhood health centers by collaborating on family-related projects, improving communication between center- and hospital-based providers, designing health-center-based training for pediatric residents and fellows, and donating funds to support health centers' plans to expand pediatric services and facilities.

Providing services to children

In partnership with Dimock Community Health Center and Boston City Hospital's Department of Pediatrics, Children's provides support for pediatric



From left, Stephen B. Kay, chairman of the Board of Trustees of Beth Israel HealthCare, Carrie Mui, South Cove Community Health Center board president, and Deborah C. Jackson at the ribbon cutting ceremony for the center's opening

services through Project SEED (Support, Empowerment, Education, and Development). This family-centered model promotes the health and development of children in urban neighborhoods by providing comprehensive primary care services and integrating child development services, family literacy training, and family self-sufficiency programs. All services are provided at Dimock Community Health Center.

Expanding capacity

In 1995, Children's Hospital and Beth Israel HealthCare came together at the request of South Cove Community Health Center to support its plans to extend care to meet the health care needs of a growing Asian population in Quincy. South Cove, which also has a health center in Boston's Chinatown and is a regional health care provider to the Asian population, opened the center in 1995. In addition to being the primary pediatric referral hospital for the new Quincy center, Children's works with South Cove Community Health Center to identify and support new health services that meet the needs of the community.

In response to a growing need among many health centers to expand their capacity to provide care or to upgrade aging facilities, Children's has provided support for capital projects that include a substantial pediatric component. As partners in these initiatives with community health centers such as Dimock Community Health Center, Roxbury Comprehensive Community Health Center, and South End Community Health Center, Children's plays a role in enhancing the delivery of pediatric care in Boston's underserved communities. Children's is also participating in the Community Health Center Capital Fund, a loan program through which seven hospitals guarantee \$10.5 million in loans to help Boston's community health centers meet capital needs. Children's has agreed to guarantee \$1.5 million for this purpose, thereby allowing community health centers to borrow at the same tax-exempt rates available to the participating hospitals.

Improving communication

Through its ongoing work with community health centers, Children's has identified critical areas where collaboration and coordination will improve services to children in the city. In partner-

ships with community health centers, Children's will address issues such as enhancing the cultural competency of hospitals to serve growing diversity in their patient populations; improving accessibility to hospital services through transportation linkages; supporting health centers' efforts to offer provider and staff training programs; improving communication about shared patients between the hospital and health centers; and designing joint approaches to more effectively manage patient care.

One specific initiative launched in response to the need for enhanced patient care communication is the development of the Children's Hospital Inpatient Liaison Development (CHILD) Program. The hospital initiated the CHILD Program, under the direction of Ronald C. Samuels, M.D., assistant in Medicine (General Pediatrics), to maximize information dissemination between attending physicians at Children's and health center providers for patients who are admitted for inpatient care. A voice-mail system provides community primary care providers at the neighborhood health centers with access to timely information about their patients at any time of the day or night. A community health center referring physician survey will provide additional feedback on communications with community providers and other target areas to address.

Future plans include working in collaboration with community health center providers in the development of standardized treatment guidelines for ambulatory settings and strengthening long-term relationships with community health centers.

Shaping a Healthy Future for Children

Clinical Leadership: Championing child health

Children's has been on the public health forefront since its founding as a hospital for the sick and poor children of Boston. From the establishment of the world's first laboratory for production of bacteria-free milk in 1891 to its important role in the development of the first effective treatment for sickle cell disease in 1995, Children's has remained committed to finding ways to improve the health of children from near and far. The hospital's long list of well-known leaders in family and community child health includes Children's psychiatrist-in-chief emeritus, Julius Richmond, M.D., who founded the Head Start program, began the neighborhood health center movement, and served as United States Surgeon General; and T. Berry Brazelton, M.D., chief emeritus of the Child Development Unit, who has enriched the lives of generations of families by helping parents learn to nurture their children's growth and development.

In 10 years as Children's chief of the Division of General Pediatrics, Judith S. Palfrey, M.D., has helped Children's develop and preserve programs that touch thousands of children who never see the inside of the hospital. She says her mission has always been "to care for kids before they become patients." Palfrey, a member of the Community Partnership Advisory Board and its senior medical advisor, stresses the importance of developing alliances and community partnerships. "By working together, we can leverage resources for community-based activities," says Palfrey.

Palfrey, who is the first incumbent of the T. Berry Brazelton Chair in Pediatrics at Harvard Medical School, is dedicated to making community medicine a seri-



Judith S. Palfrey, M.D., chief of the Division of General Pediatrics, with Children's patient Adrianna Washington, 4

ous discipline at Harvard. She introduced a fellowship program in community medicine at Children's and, as this year's president of the Ambulatory Pediatric Association, is committed to involving more pediatricians in community issues. Last year, Palfrey chaired several national committees and worked as a consultant to the Robert Wood Johnson Foundation's new national initiative, America's Promise.

Academic Mission: Training future pediatricians

A new generation of pediatricians is learning to meet the changing needs of children and families through the pediatric residency program at Children's and BCH, which joined forces in July 1996. The Boston Combined Residency Program in Pediatrics (BCRP) unites BCH's strengths in primary and preventive care, health-center-based care, and advocacy services for children and fami-

lies at risk due to poverty, with Children's expertise in specialty and tertiary care, and its strong general pediatrics and primary care programs.

The BCRP offers two tracks. The Primary Care Track, which is based at BCH, focuses on primary, preventive,

In her book published in 1994,
*Community and Child Health:
An Action Plan for Today*,
Judith S. Palfrey, M.D., wrote:
"The health of children is tied to
the health of communities, and
both are less healthy than
anyone could wish."

As the joint federal/state insurance program for low-income individuals, Medicaid is the health care safety net for children.

It is the nation's single largest insurer of children, covering one-fourth of all children and one-third of all infants. In Massachusetts, Medicaid covers more than 20 percent of children under age 18. Together, children assisted by Medicaid and those who are uninsured represent nearly 40 percent of the Commonwealth's children.

and continuity care. The training, much of which takes place in the neighborhood health centers affiliated with BCH, emphasizes developmental and behavioral pediatrics, the multidisciplinary care needs of children with chronic illnesses, preventive pediatric care, and advocacy strategies for families at risk due to poverty or chronic illness. The Categorical Track, based at Children's and designed to prepare physicians for a subspecialty career, emphasizes experience in Children's specialty ambulatory clinics, Emergency Services, and numerous general and specialty inpatient areas. By training together, future primary care physicians and subspecialists will gain experience and expertise in integrating services and providing seamless care to patients in both community and tertiary settings, making them better doctors and improving care for their patients.

Legislative Agenda: Advocating on behalf of children

Children's Hospital, working on its own and as a member of the Massachusetts Children's Health Access Coalition, continues to focus its efforts on both the state and federal levels to ensure that Medicaid remains a viable health care program for the state's and the nation's most vulnerable children, and on working to stem the loss of private insurance for children. During the past year, Children's has actively supported legislation at the state level that would make Medicaid available to more low-income children in Massachusetts, as well as allow more children to enroll in the state-run primary care insurance program, the Children's Medical Security Program.

While Children's continues its efforts to make sure that children's health care needs remain front and center on the legislative agenda both in Washington, D.C., and on Beacon Hill, the hospital is also working to ensure that the public understands the importance of insuring all children, and that families understand how to access these programs for their children. As part of these efforts, Children's is supporting the Children's Health Outreach Project, conducted by Health Care for All (HCFA), a consumer advocacy group. Children's support of this project will enable HCFA to produce and distribute information about health-access programs available to Massachusetts children, as well as to provide training to community groups on how to access these programs.



In June 1996, Children's Hospital helped sponsor Stand for Children, an event that brought together hundreds of thousands of people in Washington, D.C. to call for a greater national commitment to the country's children.

In Conclusion: The Future of Children in Boston

At Community at Play, sponsored annually by Children's Institute for Community Inclusion, the Family Friends Program, Judge Baker Children's Center, and Project School Care, youngsters enjoy an afternoon of activities, entertainment, and refreshments. The Community Partnership Program is also a sponsor of the event.



This is a new era for hospitals, as health care delivery in America undergoes a dramatic restructuring. Children's Hospital reaffirms its commitment to remain accessible to all children and to remain focused on the unique health needs of children. Children's believes it can best serve children, in Boston and throughout the region, by partnering with community-based pediatricians, other hospitals and health systems, and community organizations to create an integrated system of care focused exclusively on the needs of children.

Changes in the health care environment and reductions in health care funding coincide with a period of enormous stress for families in economic and social flux. No contemporary family, in the city or the suburbs, has been immune to the erosion of familiar supports and the

difficulty of keeping pace with the demands of work and family life. Children's Hospital is committed to helping address these new problems in order to provide the kind of care that will maintain and improve child health. Through strengthening its partnerships with community providers and organizations, Children's can best bring affordable health and support services to children and families in the neighborhoods where they live.

Today, as in the past, the principles that have always guided Children's Hospital remain steadfast. The commitment to providing the best care and remaining accessible to all children continues to be the driving force behind Children's vision.

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